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AUG 29 2011	
CLERK U.S. DISTRICT COURT DISTRICT OF ARIZONA	
BY	DEPUTY

Name:

Dianne Barker
Address: 3219 Camelback Road, #393
Phoenix, AZ 85018

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

DIANNE BARKER,

Plaintiff,

vs.

CITY OF PHOENIX, MUNICIPAL
CORPORATION; MAYOR PHILIP
GORDON; 21ST CENTURY INS. OF S
WEST; JOSE MESA RAMIREZ; AND
JIMMY MESA MUNETON, et al.,

Defendants.

No. CV-11-01543-PHX-NVW

(Superior Court Case No. CV2011-
011978)

MOTION To Remand

(Response to City of Phoenix)

Request to remand case, Subcategory 101
"Non-Death/PI" TORT MOTOR Vehicle, Superior
Court of Maricopa County per 28 USC A.1447
"shall remand" (e)(2).

Points And Authorities

City of Phoenix legal representatives Chief
Attorney Gary Verburg, State Bar No. 005515
And Christina E. Koch # 013037 removed
tort claim on August 5, 2011. Respondent
receiving their pleadings less than one (1)
week ago, has spent hours of valuable

time both at court and law libraries researching
 Am seeking costs for preparation, time-
 spent and materials herein.

Legal Argument:

Plaintiff's ARCF Rule 8 "Notice Pleading" is
sufficient and reasonable for relief, while
 should not be dismissed by City of Phoenix's
 motion Conley v Gibson 1957 355 US 41, 45, 78 S Ct 991 1022 2nd; Hilton v Hallmark Cards, US Ct of Appeals 9th Cir 08-
55443; 207 CV 05818 PA where US District Court Denied
 Motion to Dismiss And needed Assurance of juris-
 diction.

Furthermore, per defendants denial allegations
 p.3 line 9 "provide defendants notice of what legal
 claims" see Attached AR 12-821.01/12/10/2010 filed
 proof of "Stamped Receipt" by City which plaintiff
 performed the steps to be heard administratively
 and now, forced by AP practice of City's passion
 for litigating ~~AND~~ using 12 B(6) to carry out
 systemic abuse of proper, discrimination
 not given to similar cases of failure to maintain
 intersections by PI attorney claims awards Strocchio
v City of Phoenix.

CONCLUSION:

Plaintiff's cognizable claim is entitled to relief by public
 fiduciaries, municipality And highest officer Mayor
 GORDON, who directs policy for which we greatly
 are in US District Court for Arizona today. However
 lawsuits are not a game with cleverest lawyer prevailing
 freedom of speech for lawful hearing!
* See 2:92 CV 01291 RGS GAME + V BLANCHARD
Dianne Barker
Dianne Barker, plaintiff
8-29-11

Case 2:11-cv-01543-NVW Document 5 Filed 08/29/11 Page 3 of 4
City of Phoenix
Claim Form

If you have any questions, please call the
Risk Management Division at: (602) 262-5054

This claim form is provided to assist in presenting a claim against the City of Phoenix that complies with the requirements of Arizona Revised Statutes §12-821.01 which defines the requirements for filing a claim against a public entity in the State of Arizona.

The Statute requires, in part, that a claim against a public entity:

- Be filed with the City Clerk Department within 180 days after the cause of action accrues,
- Contain sufficient facts to permit the public entity to understand the basis upon which liability is claimed,
- Contain a specific dollar amount for which the claim can be settled and the facts supporting the amount.
- In order to file suit against a public entity, a proper notice of claim must first be filed. A lawsuit must be filed within one year after the cause of action accrues.

FEDERAL REGULATION - BODILY INJURY CLAIMS ONLY

If you are presenting a bodily injury claim, you are required to provide the information requested in this section pursuant to Federal Law - Section 42, United States Code 1395y(b) (7) & (8). For additional information, go to www.cms.hhs.gov/MandatoryInsRep.

Injured party name: Dianne Barker
(Show name exactly as it appears on Social Security records)

Injured party social security #: 6693

Injured party gender: ☐ Male ☒ Female Injured party date of birth: HR

Medicare, Medicaid (AHCCCS) or SCHIP Health Ins Claim #: A0070460001
(HCN if applicable)

Is the injured party eligible (or will he/she be eligible within the next 36 months) for Medicare, Medicaid (AHCCCS) or the State Children's Health Insurance Program (SCHIP)? ☒ Yes ☐ No

Please continue to the claim form below. Additional information is required.

CLAIMANT INFORMATION (complete a separate claim form for each person making a claim)

Claimant Name: DIANNE BARKER

Name of claimant's representative (if applicable): Self

Relationship to claimant: ☐ Parent (claimant is a minor) ☐ Guardian ☐ Insurance Company ☐ Attorney ☒ Other

Address: 5105 N. 40th Street Apt #: E224

City / State: Phoenix, Arizona ZIP: 85018

Date of birth: 6-15-48

Phone #s Home: () → Work: () → Cell: (602) 999-4448

INCIDENT #
(e: Phoenix Traffic Rpt # 1013341; File # 120291)
Page 1 of 4

3. AMOUNT OF CLAIM

Dollar amount requested to settle your entire property damage claim: \$ 1,300.00

Dollar amount requested to settle your entire personal injury claim: \$ 60,000.00

Dollar amount requested to settle your entire other damages claim: \$ 183,600.00

Total dollar amount requested to settle your entire claim: \$ 244,900.00

4. EXPLANATION OF DAMAGES

Describe the damage to your property (if any) and the specific facts supporting the amount claimed. (Please attach all receipts and other documentation related to the damage amount claimed.) - Available

2 total Daron Bicycle 450.00

" AP Laptop Computer 600.00

Two Hand Bags 25.00

Clothing: Jacket, skirt, boots, shoes 35.00

Deductibles: Subrogated USAA Ins. 2500.00

Medical reports + bills available 1,200.00

Describe your personal injuries (if any) and the specific facts supporting the amount claimed. (Please attach all receipts, medical bills and other documentation related to the injury amount claimed.) (Complete)

Injured is SSDI recipient suffering

this new hit by truck (July 2010). Released

to family doctor by Good Samaritan ER with shoulder

contusion, vertebral injuries. Medical bills

= 720.000. Pain suffering costs = 40,000 total 1,200.00

Describe your other damages (if any) and the specific facts supporting the amount claimed. (Please attach all receipts and other documentation related to the damage amount claimed.) (Complete - if available)

A Pattern of City of Phoenix Police failure to

cite violator of assign proper laws re: Barker

violation of City of Phoenix Police 601-2005 City of Phoenix Municipal Code

Which is the best daytime phone # to reach you? 6AM - 10PM

Email address: dream.11cya@aol.com Fax #: ()

2. OCCURRENCE OR EVENTS GIVING RISE TO THE CLAIM

Date of occurrence: 7-21-2010 Time: 4:10 ☐ A.M. ☒ P.M.

Location of occurrence: "CROSSWALK" NW-SW CORNER OF 1st
Street & Washington, Phoenix, Arizona.

Describe the specific facts of the occurrence, event, act or omissions that you believe caused your injury or damage and for each theory of liability, explain why you believe the City of Phoenix is at fault.

Having left Phoenix City Hall I traveled Eastbound to NW corner
of 1st & Washington. I waited for "white light" to cross sound
and was struck in crosswalk by dark colored truck coming south
on 1st Street turning right on Washington City of Phoenix failed
properly citing vehicle driver for violating ARS 28-792 for
inattention. I did use to need to bicyclist driving proper in crosswalk
signal intersection. City traffic officer ARS responsible
for short light and improper construction impediment
List all witnesses, including name(s), address and phone number

Michael G. Hendricks 510 N. 40th St. Apt. A7 85018 (602) 999-4448
Joseph Ryan 13301 N. 19th Ave. Suite 101 Phoenix AZ 85021 (602) 999-4448
Bob McKnight 28th St. / Thomas Rd. Phoenix AZ 85012 (602) 954-5831
Katie Ann Davis 11616 N. 39th Avenue, Phoenix AZ 85029 (602) 967-2671

Did this occur in a construction area? ☒ Yes ☐ No

If yes, what is the construction company's name? City of Phoenix

If this is a motor vehicle accident, please provide the following information:

Your vehicle license plate number: nlc

Your vehicle: Year: 2005 Make: Daron Model: Trailblazer / Folding

Name of the City driver: _____

City Vehicle Description: _____ City Department: _____

City Vehicle License Plate #: _____ Bus/Equipment #: _____

Bus Route Name/Number: _____ Direction of Travel: _____

Was a police report filed? ☒ Yes ☐ No If yes, what agency responded? _____

Police report number: 1013341

INCIDENT #

Page 2 of 4

By signing your name below, you certify that the information provided is true and correct to the best of your knowledge and belief.

The city's acceptance and subsequent processing of your claim is not a waiver of the city's right to object to the sufficiency of the claim and should not be considered as an acknowledgment by the City that the claim is valid. To the extent city records need to be preserved, you are directed to A.R.S. 39-121, et seq.

Claimant Name: Dianne Barker
(Signature of Claimant)

Form Completed By: DIANNE BARKER
(Print Name of Person Completing Claim Form for Claimant)

Phone Number: (602) 999-4448
(Phone # of Person Completing Claim Form for Claimant)

Address: 5105 N. 40th Street, Phoenix, Arizona, 85018
(Address of Person Completing Claim Form for Claimant)

Relationship to Claimant: Self

Date: 12-10-2010

PLEASE KEEP A COPY OF THE COMPLETED FORM FOR YOUR RECORDS

INSTRUCTIONS FOR FILING YOUR CLAIM

Arizona Revised Statute §12-821.01 requires that this form must be filed with the City Clerk Department. The City Clerk will accept this form if hand-delivered, mailed or faxed as described below, but it is your sole responsibility to confirm that the City Clerk has actually timely received the form.

1. If you choose to mail or deliver your completed form, please direct it to:

City of Phoenix
City Clerk Department
200 W. Washington Street, 15th Floor
Phoenix, AZ 85003

2. If you choose to fax your completed form, please fax it to the City Clerk Department at:

Fax # (602) 495-5847

This page must be completed and attached to the last page of your motion/request.

☒ I have filed the ORIGINAL of the attached document(s) on 8 29, 2011
Month Day
with the Clerk of US District Court Arizona.

☒ I have mailed/delivered a COPY of the attached document(s) on 8 29,
Month Day
2011 to Judge Honorable Neil V. Wake
(The Judge assigned to your case)

☒ I have mailed/delivered a COPY of the attached document(s) on 8 29,
Month Day
2011 to:

(You must mail a copy of all documents to the other side and his/her lawyer)

City of Phoenix et al
Name of Other Side

Gary Verburg; Christina Koehn
Name of Other Side's Lawyer

200 W. Washington #1300
Address

Lawyer's Address

Phoenix, AZ 85018
City, State, Zip

City, State, Zip

By signing below, I promise that I have filed/mailed the attached document(s) as shown above.

Melaine Barker 8/29/11
Your signature